

225004

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2610 - 258 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ATransportation, LLCTelephone: 843-457-0313Address: 607 JEFFERSON WAYFax: 843-347-4520CONWAY S.C. 29526Other: FAX 2 843-236-2505

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☒ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petitioner☐ Other: \_\_\_\_\_

RECEIVED  
JUL 27 2010  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 7/21/2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

A Transportation, LLC  
607 Jefferson Way Conway S.C 29526  
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-457-0313 843-236-2505  
Phone Fax

J Higbee @ S.C. . RR. com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2010

### Assets:

Cash	6,000.00
Receivables	20,000.00
Real Estate	0
Buildings and Equipment (Net)	2,000.00
Motor Vehicles (Net)	100,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>128,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	1,500.00
Notes Payable	2,900.00
Mortgages Payable	900.00
Equipment Obligations	0
Accrued Salaries and Wages	2,000.00
Other Accrued Obligations	0
Other Liabilities	34,31.46
<b>Total Liabilities</b>	
Capital Stock	10.000
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>10, 731.46</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Rates and Charges for Service are as follows:

Load fee 75.00 leg  
Minimum 336.00 Trip 32 mile R.T.

Counties to be Served:

Statewide S.C

## DESCRIPTION OF EQUIPMENT

[illegible]

\*Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

Jul. 27. 2010 6:13PM SC Public Service Comm Docketing

No. 5249 P. 2

**INSURANCE QUOTE**This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

ATransportation, LLC

Name of Motor Carrier

607 Jefferson Way Conway S.C 29526

Address of Motor Carrier

**Amount of Premium:**Liability Insurance \$ 11,464 - 12 unitsThe above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits shall not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

National Casualty Company

Name of Insurance Company

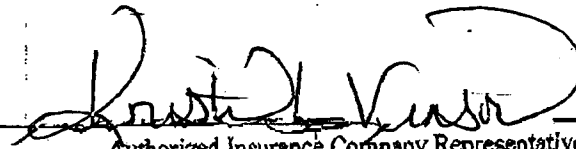
PO Box 4110, Scottsdale AZ 85261

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-28-10

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

5 of 6

**Exhibit FWA**

ATransportation, LLC  
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with the statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

## **Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes

☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes

☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes

☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes

☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes

☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes

☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Horry

Scott H. Hibel  
Applicant's Signature

I,

Scott H. Hibel  
Name of Applicant's Representative

\_\_\_\_\_  
Title

of

\_\_\_\_\_  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, I hereby affirm that all statements contained in the above application are true and correct.

Scott H. Hibel  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 22 day of July, 20 10

[Signature]  
Notary Public

Commission Expires: 7-25-2015

# The State of South Carolina



RECEIVED

MAR 10 2009

ORS  
T.T.W./W/W

Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

TRANSPORTATION LLC A, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 30th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
2nd day of February, 2009.

*Mark Hammond*  
Mark Hammond, Secretary of State

IDENTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

JAN 30 2009

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-103 of the South Carolina Code of 1976, as amended is A Transportation LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is

601 Jefferson Way  
Street Address  
Conway SC 29526  
City State Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Janet Snow Janet Snow  
Name Signature  
and the street address in South Carolina for this initial agent for service of process is  
210 Elm Street Upstairs  
Street Address  
Conway SC 29526  
City State Zip Code

4. The name and address of each organizer is

(a) Scott W Higbee  
Name  
601 Jefferson Way Conway  
Street Address City  
SC 29526  
State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

638202-0068 FILED: 01/30/2009  
TRANSPORTATION LLOA

Filing Fee: \$110.00 USDC

Mark Hammond

South Carolina Secretary of State

A Transportation LLC  
Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a) Scott W Higbee  
Name  
607 Jefferson Way  
Street Address  
SC  
State  
Conway  
City  
29526  
Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

(c) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

(d) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(a). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Transportation LLC  
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer  
[Signature]  
(Add additional lines if necessary)
- Date 1/19/09

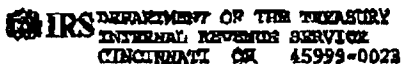
**FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
  2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
  3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.
- Return to: Secretary of State  
P.O. Box 11385  
Columbia, SC 29211

**NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

Form Revised by South Carolina  
Secretary of State, January 2000



Date of this notice: 01-26-2009

Employer Identification Number:

Form: 55-4

Number of this notice: CP 875 0

A TRANSPORTATION LLC  
SCOTT W HILGREN SOLE MGR  
607 JEFFERSON WAY  
CONWAY, SC 29526

For assistance you may call us at:  
1-800-829-4833

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you this EIN. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing a corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTS/TDD 1-800-829-4088) or visit your local IRS office.

## IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.